| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | M. G | | 4/4/00 |
| O.I.P.E. CLASSIFIER | | | 10 5-10-00 |
| FORMALITY REVIEW | BD | 67369 | 7/19/00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

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| = ................................ Allowed | | I ................................ Interference |
| — (Through numeral)... Canceled | | A ................................ Appeal |
| ÷ ................................ Restricted | | O ................................ Objected |

| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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